

Mr. Steven Schofield

Schofield & Pickup

Inspection report

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Overall summary

We carried out this announced focused inspection on 20 July 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff; we discussed how governance and oversight of these could be improved.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation. Records relating to a small number of checks carried out before staff started work, were not available.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Schofield and Pickup is in Clitheroe, Lancashire and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made adjustments to support patients with additional needs. For example, the provision of a portable hearing loop for patients with hearing difficulties and sloped access to and from the practice for those with limited mobility.

The dental team includes seven dentists, two oral/maxillofacial surgeons, two dental therapists, three dental hygienists, 12 dental nurses, two of whom are trainees, two receptionists, one administrative team leader, and a practice manager. The practice has nine treatment rooms.

During the inspection we spoke with three dentists, two dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday and Thursday from 9am to 6pm; Tuesday from 9am to 8pm; Friday from 9am to 5pm. Saturday appointments can be arranged where necessary, based on patient need.

There were areas where the provider could make improvements. They should:

Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular:

- For oversight of electrical safety in the practice, particularly in relation to the five-year fixed wiring condition report, and that this covers the treatment rooms in the practice.
- For the full assessment of fire safety in the building, including the placement of required signage.

Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff; and that action is taken to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Take action to ensure the practice stores records relating to people employed and the management of regulated activities in compliance with legislation and take into account current guidance.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. We did observe that some tests and checks on equipment in the decontamination room were not being consistently recorded in the appropriate logbooks. We drew this to the attention of the provider during our inspection.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. Records of some of these checks were not available for us to review. The practice staff relied on email trails and keeping items in their email box as a way of keeping records, but some requested documents could not be found when required. For example, we were told a staff member's immunity to Hepatitis B status was requested, but the practice was unable to show this. For another staff member, we noted that their level of immunity to Hepatitis B was lower than recommended. There was no record of update to work based risk assessment for this staff member. We discussed how record keeping could be improved.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available, including for the Cone-beam computed tomography (CBCT) and orthopantomogram (OPG). We drew the attention of the provider to the lack of signs in place to alert staff when X-rays were being taken in each room. The provider confirmed they would check on this with the Radiation Protection Adviser.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. Risk assessments in relation to fire safety and prevention had been carried out by the practice manager. The premises occupied by the practice are not purpose built; we observed that there was no signage in place to alert emergency rescue teams that medical gases were held at the premises. We reviewed the required electrical safety check and certificate issued for the building. We observed that key areas had not been covered by the survey, for example, treatment rooms. We suggested that further checks may be required from the appointed contractor, and that all treatment rooms are covered by the check.

Emergency equipment and medicines were available and checked in accordance with national guidance

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed. Some records in relation to this were not available for us to inspect, for example, annual refresher training for one of the nurses who supported clinicians when providing treatment under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. Some gaps in record keeping meant we were unable to check the completion of some required professional development and training to assist with sedation procedures for one staff member. We drew the attention of the provider to this.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Staff worked together as a team and were committed to providing a high standard of oral health care and treatment.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs with their managers as well as other identified learning needs, general wellbeing and aims for future professional development.

Governance and management

Staff had clear roles and responsibilities.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Where we did find gaps in required information contained in policies, we brought this to the attention of the provider during our inspection. For example, the contact details of organisations staff could raise Whistleblowing concerns with. These were acted on immediately.

We saw there were processes for managing risks, issues and performance. Overall, we found greater insight in relation to these would be beneficial. For example, in relation to fire safety management, electrical safety, information in relation to Local Rules for X-ray equipment. We also drew the attention of the practice to some gaps in record keeping, in relation to recruitment, training records of some staff, record keeping in the decontamination room and in accurate completion of infection prevention and control audit. We received assurances from the provider that these gaps in record keeping would be followed up immediately.

Appropriate and accurate information

Staff acted on appropriate and accurate information. The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.